

1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF CALIFORNIA

3 In Re: Incretin-Based Therapies Products
4 Liability Litigation

Case No.: 13md2452 AJB (MDD)

5 LINDA SANDKER
6 AND JAMES SANDKER

7 Plaintiffs,

8 v.

9 MERCK SHARP & DOHME CORP.,
10 ELI LILLY AND COMPANY, AMYLIN
11 PHARMACEUTICALS, LLC F/K/A
12 AMYLIN PHARMACEUTICALS, INC.,
AND DOES 1-100

13 Defendants.
14

**DECLARATION OF PROPOSED
INTERIM ESTATE
REPRESENTATIVE**

(INTESTATE DECEDENT)

Pertains To Civil Action No.:

13-cv-02381-AJB-MDD

15 I, **JAMES SANDKER** (“declarant”), declare as follows:

16 1. I am over the age of 18 years. I have personal knowledge of the facts
17 contained in this declaration, and if called as a witness I could and would testify
18 competently to the truth of the facts stated herein.
19

20 2. I am the **SPOUSE** of **LINDA SANDKER** (“decedent”) who died on
21 **November 1, 2014, in Kingdom City, MO.** The decedent died intestate and I am
22 a beneficiary of the estate who succeeds to a cause of action. The other
23 beneficiaries are: STORMY STONE, JOSHUA SANDKER, CHRISTOPHER
24 SANDKER.
25
26

27 3. With respect to any surviving spouse and/or surviving children of the
28

1 decedent who succeeds to a cause of action [Must select one of the three below]:

2 ☒ Any surviving spouse and all surviving children are among those
3 identified in paragraph 2, above;
4

5 **OR**

6 ☐ To the extent not among those identified in paragraph 2, the
7 surviving spouse and/or surviving children are _____.
8

9 **OR**

10 ☐ The decedent had no surviving spouse and no surviving children.
11

12 4. With respect to minor children:

13 ☒ None of the surviving children or beneficiaries identified in
14 paragraphs 2 and/or 3, above, are minor children;
15

16 **OR**

17 ☐ The following surviving children or beneficiaries are minor children,
18 and their age and relationship to the decedent are as noted.
19

20 Name: _____

21 Age: _____

22 Relationship: _____

23 5. No proceeding is now pending or has been filed at any time in the
24 past in any state or federal court for administration of the decedent's estate.
25

26 6. All persons identified in paragraphs 2 and 3 above consent to my
27 appointment as the Interim Estate Representative for the decedent's estate in
28

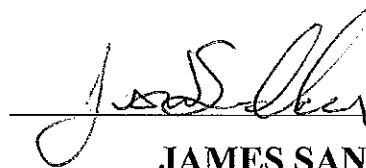
1 accordance with the Order of this Court dated August 14, 2014.

2 7. No other person has a superior right to commence the action or
3 proceeding or to be substituted for the decedent in the pending action or
4 proceeding.
5

6 8. A certified copy of the decedent's death certificate is attached hereto.
7

8 9. I declare under penalty of perjury under the laws of the United States
9 that the foregoing is true and correct.
10

11
12 Signed on the 30 day of AUG, 2015.
13

14
15 
16

JAMES SANDKER

Recorded In Callaway County, Missouri



Recording Date/Time: 11/07/2014 at 02:05:09 PM

Instr #: 201406139

Book: M451 Page: 768

Type: DEATH

Pages: 2

Fee: \$24.00 E 20140004833



Christine Kleindienst
Recorder of Deeds

JAMES W. SANDKER

CHRISTINE KLEINDIENST
CALLAWAY COUNTY
RECORDER OF DEEDS CERTIFICATE

EXEMPT DOCUMENT

This document has been recorded under exempt status pursuant to RSMo 59.310.4, and this certificate has been added to your document in compliance with the laws of the State of Missouri.

Christine Kleindienst
Callaway County Recorder of Deeds
10 East Fifth Street
P.O. Box 406
Fulton, Mo. 65251
(573) 642-0788
Fax (573) 642-1491

THIS PAGE HAS BEEN ADDED AS THE FIRST PAGE OF YOUR DOCUMENT
DO NOT REMOVE THIS PAGE

MISSOURI

CERTIFICATION OF DEATH

DATE FILED: NOVEMBER 5, 2014

STATE FILE NUMBER: 124-14-031251

DECEDENT NAME: LINDA S SANDKER

SEX: FEMALE

DATE OF
DEATH: NOVEMBER 1, 2014

COUNTY
OF DEATH: CALLAWAY

DATE OF
BIRTH: DECEMBER 12, 1957

MARITAL
STATUS: MARRIED

EVER IN
ARMED FORCES: NO

SOCIAL
SECURITY NUMBER:

RESIDENCE
ADDRESS: 4111 COUNTY ROAD 220
KINGDOM CITY, MISSOURI

SURVIVING SPOUSE:
(IF WIFE, MAIDEN NAME): JAMES W SANDKER

FUNERAL HOME: MAUPIN FUNERAL HOME
UNDERLYING CAUSE (ICD CODE):

MANNER: NATURAL

PANCREATIC CANCER - 18 MONTHS

ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: CALLAWAY

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

DATE ISSUED: NOVEMBER 6, 2014

Craig B. Ward
Craig B. Ward
State Registrar of Vital Statistics



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